



Cambridge Telephone Co., Inc.
P O Box 88
Cambridge Idaho 83610

REDACTED- FOR PUBLIC INSPECTION

June 17, 2015

VIA OVERNIGHT DELIVERY

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, DC 20554

RE: Confidential Financial Information Subject to Protective Order in WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, Before the Federal Communications Commission

Dear Ms. Dortch:

Cambridge Telephone Co., Inc., a privately-held rate of return carrier receiving high cost support, has electronically submitted FCC Form 481 to the Commission with redacted financial data, in compliance with 47 C.F.R. §§ 54.313 and 54.422

As specified in the Protective Order issued on November 16, 2012 by the Commission, two copies of the redacted confidential information are being filed simultaneously with the non-redacted confidential information. The redacted information for this filing and each page of the file where confidential information has been omitted is marked "REDACTED - FOR PUBLIC INSPECTION"

Please feel free to contact me with any questions regarding this particular matter.

Sincerely,

Richard Wiggins
Cambridge Telephone Co
President
Enclosures

.cc Mr. Charles Tyler, FCC Telecommunications Access Policy Division
Idaho Public Utilities Commission

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3050-0986/OMB Control No. 3050-0819
July 2013

<010> Study Area Code	472215
<015> Study Area Name	CAMBRIDGE TEL CO
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Kristie Kanady
<035> Contact Telephone Number: Number of the person identified in data line <030>	2082578234 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	kkanady@ctctele.com

ANNUAL REPORTING FOR ALL CARRIERS	54,313 Completion Required	54,422 Completion Required
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(check box when complete)

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> -- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0		
<420> Mobile	0.0		
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0		
<450> Mobile	0.0		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 4722151d500.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 4722151d600.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 4722151d1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	472215
<015>	Study Area Name	CAMBRIDGE TEL. CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Kristie Kanady
<035>	Contact Telephone Number - Number of person identified in data line <030>	2082578234 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kkanady@ctctele.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

4722151d112.pdf

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115>

<116>

<117>

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Not Applicable

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	472215
<015> Study Area Name	CAMBRIDGE TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Kristie Kanady
<035> Contact Telephone Number - Number of person identified in data line <030>	2082578234 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	kkanady@ctctele.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

<921>

- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	472215
<015>	Study Area Name	CAMBRIDGE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Kristie Kanady
<035>	Contact Telephone Number - Number of person identified in data line <030>	2082578234 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kkanady@ctctele.com

No

<1130>

Yes

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	472215
<015>	Study Area Name	CAMBRIDGE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Kristie Kanady
<035>	Contact Telephone Number - Number of person identified in data line <030>	2082578234 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kkanady@ctctele.com

472215ID1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website

HTTP <http://ctcweb.net/ctc-wireless-lifeline-information/>

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

<1222> Details on the number of minutes provided as part of the plan,

<1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 482 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	472215
<015>	Study Area Name	CAMBRIDGE TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	KRISTIE KANADY
<035>	Contact Telephone Number - Number of person identified in data line <030>	2082378231 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rkanady@ctctele.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
- <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
- <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
- <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
- <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

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Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020>

- <2021> Interim Progress Community Anchor Institutions

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(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481
	DMB Control No. 3060-0986/DMB Control No. 3060-0819
	July 2013

<010> Study Area Code	472215
<015> Study Area Name	CAMBRIDGE TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Kristie Kanady
<035> Contact Telephone Number - Number of person identified in data line <030>	3082578234 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	kkanady@ctctco.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

472215id3010.pdf

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011)

472215id3012.pdf

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No)
(Yes/No)

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016)

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

472215id3017.pdf

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020)

(3021)

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025)

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued)		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	kknady@ctctel.com

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No: 3060-0986/OMB Control No: 3060-0819 July 2013
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<010> Study Area Code	472215
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	CAMBRIDGE TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/16/2015
Printed name of Authorized Officer:	Kristie Kanady
Title or position of Authorized Officer:	Secretary
Telephone number of Authorized Officer:	2082578234 ext.
Study Area Code of Reporting Carrier:	472215 Filing Due Date for this form: 07/01/2015
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	

Certification - Agent / Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	472215
<015> Study Area Name	CAMBRIDGE TEL CO
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<030> Contact Name - Person USAC should contact regarding this data	Kristie Kanady
<035> Contact Telephone Number - Number of person identified in data line <030>	2082578234 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	kkanady@ctctele.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

SAC 47-2215

Service Quality Standards & Consumer Protection Rules Compliance

Form 481 Line item <500>

June 8, 2015

Cambridge Telephone Company, Inc. ("Cambridge") understands and complies with the Idaho Public Utilities Commission's Telephone Customer Relations Rules, IDAPA 31.41.01, adopted under the general legal authority of the Public Utilities Law, Chapters 1 through 7, Title 61, Idaho Code, and the Telecommunications Act of 1988, Chapter 6, Title 62, Idaho Code, with regards to service. These telephone customer relations rules provide a set of fair, just, reasonable, and nondiscriminatory rules regarding deposits, guarantees, billing, application for service, denial of service, termination of service, complaints to telephone companies, billing for interrupted service, and provisions of certain information about customer to authorities. In addition Cambridge provides CPNI training to all its new employees and in addition recertifies and trains its existing employees on CPNI obligations. Cambridge also conducts subscriber outreach regarding CPNI by periodically placing CPNI explanation messages into subscribers bills. Lastly Cambridge trains staff on Red Flag issues on an annual basis.

SAC 47-2215
Functionality in Emergency Situations
Form 481 Line item <600>

June 8, 2015

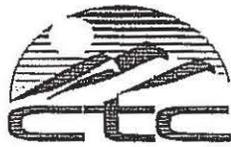
Pursuant to 47 C.F.R. § 54.313(a)(6) and/or 47 C.F.R § 54.22(b)(4) as set forth in 47 C.F.R § 54.202(a)(2) Cambridge Telephone Company, Inc., meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to Cambridge Telephone Company's central and or remote office(s) by use of fixed generator and batteries that provide it with hours of emergency power service. In addition, Cambridge Telephone Company's field electronics have 8 hour back-up battery power, additional backup power with use of fixed/mobile generators. Cambridge Telephone Company, Inc., also has SONET technology in its network that allows for self-healing network should a fiber cut occur in its core network and will automatically reroute traffic. CAMBRIDGE TELEPHONE COMPANY, INC., also has a redundant path within its network to provide for the capability to reroute traffic. Cambridge Telephone Company, Inc., has equipped its remote office with Emergency Stand Alone technology that will provide for call completion and access to 911 in emergency situations. Cambridge Telephone Company, Inc., is capable of managing traffic spikes resulting from emergency situations.

SAC 47-2215
Voice Services Comparability Report
Form 481 Line Item <1000>
June 12, 2015

Pursuant to 47 C.F.R. § 54.313 (a) (10) Cambridge Telephone Co., Inc. is in compliance with the requirement that voice services is no more than two standard deviations above the national average urban rate for voice service of \$47.48 as specified in Public Notice DA 14-384 issued on March 20, 2014. Cambridge Telephone Co., Inc's current total local end-user rate¹ of \$25.92 (which includes a local fee of \$.00, mandated state fees of \$.16 and mandatory extended area service charges of \$.00 is not above the standard deviation as specified in the USF/ICC Transformation Order.²

¹ Local End User Rate as defined in USF/ICC Transformation Order 26 FCC Rcd at 17751, Para. 238

² USF/ICC Transformation Order, 26 FCC Rcd at 17694, Para. 84 (footnote included) "The standard deviation is a measure of dispersion. The sample standard deviation is the square root of the sample variance. The sample variance is calculated as the sum of the squared deviations of the individual observations in the sample of data from the sample average divided by the total number of observations in the sample minus one. In a normal distribution, about 68 percent of the observations lie within one standard deviation above and below the average and about 95 percent of the observations lie within two standard deviations above and below the average."



Cambridge Telephone Company

Idaho Telephone Assistance Program (ITSAP) provides a communication "Lifeline" to those who might not otherwise be able to afford telephone service. It also enhances the service for everyone by increasing the number of people who can be reached on the telephone network. A small surcharge is applied to every Idaho telephone line each month to reimburse local telephone companies for the cost of state discounts under ITSAP.

What type of discount is available?

Lifeline assistance lowers the cost of basic, monthly local telephone service. Eligible consumers can receive a Federal flat rate credit of up to \$ 9.25 on each monthly telephone bill. ITSAP provides an additional \$2.50 discount per month for a total of \$11.75 for eligible customers.

Toll Limitation Service (TLS) support allows eligible consumers who wish to avoid incurring large long distance fees to choose toll blocking at no cost.

How do I know whether I am eligible?

Eligibility for Lifeline, Link Up, and TLS support *varies by state*. In Idaho, an individual may be eligible if he or she participates in one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (Food Stamps)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low Income Home Energy Assistance
- Temporary Assistance to Needy Families (TANF)
- National School Lunch Program's Free Lunch Program
- Head Start

Eligibility is determined by the total household income that does not exceed 135% of the Federal Poverty Guidelines (FPG).

THE ITSAP DISCOUNT APPLIES TO ONLY ONE TELEPHONE NUMBER PER HOUSEHOLD.

How do I apply for ITSAP?

Call Health & Welfare - 208-642-6400 or Western Idaho Community Action Program (WICAP) at 208- 549-2066. If you are eligible, your name and number will be forwarded to your local telephone company

MORE INFORMATION IS AVAILABLE AT THESE WEBSITES

<http://www.idahocommunityaction.org>

Click on

Programs & Idaho Telephone Assistance Service

<http://www.fcc.gov>

Click on

Lifeline: Affordable Phone Service

www.lifelinesupport.org

SAC 47-2215
Milestone Certification
Form 481 Line3010
June 13, 2015

Pursuant to 47 C.F.R. § 54.202(a) Cambridge Telephone Co., Inc. provides this certification that it is taking reasonable steps to provide upon reasonable request broadband speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to offerings in urban areas as determined in an annual survey as specified in Public Notice DA 15-470, and that requests for such service are met within a reasonable amount of time. Details for how Cambridge Telephone is meeting its obligations for meeting its goals and required obligations are specified within the FCC Form 481 annual filing.

REDACTED FOR PUBLIC INSPECTION

FINANCIAL DATA

ATTACHMENT – LINE 112

ATTACHMENT - 3017

LINES – 3027 – 3034

ATTACHMENTS AND LINES REDACTED IN ENTIRETY